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EUROPEAN OPHTHALMIC INSTITUTIONS. No. IV.

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MESSRS. EDITORS,—I had hoped to find time, while at Berlin, to complete to that point my description of the eye institutions of Germany, but find myself again in arrears.

The school of Vienna has long been regarded as one of the most famous in the department of ophthalmology, a series of distinguished professors having occupied its chairs. Most of those who were there at my former visit had passed from the stage, but their places are most worthily supplied by their successors.

No city offers easier and more concentrated facilities than Vienna, for study in this, as also in other departments of medicine. Two of the principal cliniques, those of Profs. Arlt and Jäger, are comprised within the walls of the great general hospital—a city, rather than a house, of the sick. Another equally interesting clinique is established at the neighboring large military hospital, under the care of Professor Stellwag von Carion. All of these gentlemen are well known by their published works; Professor von Jäger by an illustrated atlas of morbid appearances of the internal parts of the eye, as disclosed by the ophthalmoscope, and Professors Arlt and Stellwag von Carion by treatises on the pathology of the eye, both of great excellence, and of which the late edition of the latter's work is regarded as one of the best expositions of the present state of science as regards the diseases described.

As the hours are not the same at the different cliniques, the student has an opportunity of first following the visit in the wards and seeing those who come for consultation as out-patients with Professor von Jäger or Stellwag, and also of witnessing their operations, and is afterwards in time to follow the same course in the wards of Professor Arlt. After his operations have been performed, Prof. Arlt adjourns to the amphitheatre to receive the out-patients, and takes great pains to exhibit and explain the cases of interest or those serving as types of different maladies. The manifest interest

exhibited by the Professor in the improvement of his pupils must be encouraging to them. After the consultation is finished, comes a lecture of more or less length, at the conclusion of which he gives a private course of operations to a class of young doctors of medicine. He had the kindness to invite me to be present at this course, and to do, himself, for my gratification, such operations as he did not find opportunities of performing upon patients in the wards.

This private course, as also that by Prof. von Jäger on the ophthalmoscope, are so highly valued as to attract pupils from all parts of Europe. Each member of the class has opportunities for repeating, over and over again, under the direction of the Professor, all the capital as well as the lesser operations on the eye and its appendages.

Among the out-patients are to be seen a very large number of Polish Jews, who exhibit the extreme of filthiness of person, and who live, as I learned, in close hovels, under very unfavorable hygienic conditions. Most of the affections for which they come for advice are cases of conjunctivitis, aggravated by neglect to an extreme degree. In the military hospital a large proportion of cases of purulent and catarrhal affections of the conjunctiva is also observed, as might be expected of this age and class of patients.

The general hospital of Prague occupies one of the best possible positions, on very high ground, where there is a free circulation of air, and commanding fine views of the picturesque city on the one hand and its charming environs on the other. It has a splendid ophthalmic department, under the care of Prof. Hasner. He is an exceedingly rapid and a very skilful operator, and evidently takes great pains in the clinical instruction of the pupils. Though the number of patients is less than at Vienna, it is still ample for all purposes of observation, and a student has certain advantages in an institution of this character which he loses in those of larger cities. He has opportunities for deliberate examination of patients and for obtaining explanations in regard to them, which are impossible where he is one of a crowd of learners; and, for a beginner, I think such a school as that of Prague is to be preferred, as affording even better instruction than he can gain at Vienna or Berlin. He has also opportunities for observing the after-treatment of cases operated on, which are not always afforded in large cliniques where the rapid succession of events prevents too close surveillance of those which have preceded.

As the ancient capital of Bohemia, and being at a distance from the imperial city, Prague forms a centre which attracts to itself a large number of cases requiring operations, for the good results of which both the high reputation of Prof. Hasner, and the extremely favorable situation of the hospital, concur.

Prague is one of the most interesting cities of Germany; re-

markable for the picturesque effect of its numerous quaint towers and fortifications, the stateliness of its grand old edifices, and the beauty of its environs, and a residence there might pass very agreeably. Truly yours, H. W. W.

Utrecht, Holland, 20th July, 1863.

EMPLOYMENT OF POSITION IN CONTROLLING HÆMORRHAGE.

By Francis B. Quinlan, M.D., Trin. Coll. Dublin, Medical Adviser to St. Vincent's Hospital.

Pain, shock to the nervous system and hæmorrhage may be fairly considered the principal sources of immediate difficulty and danger in the actual performance of extensive surgical operations; and, as the all but universal employment of anæsthetic agents has, to some degree, neutralized the first two impediments, it may be of advantage to recur to a plan of diminishing venous hæmorrhage, which, employed and described in the year 1845, has since been frequently resorted to, although not always with due acknowledgment to Dr. O'Ferrall, of St. Vincent's Hospital, the distinguished surgeon by whom this plan was first devised. It will be admitted that, while most cases of arterial hæmorrhage are susceptible of comparatively easy control, there is scarcely any bleeding so rapid, so tremendous, or so alarming in its effects as that experienced in the removal of large scrotal tumors, when the enormous tortuous veins—usually found in connection with these growths—have been divided while in a state of repletion; and it is to guard against such hæmorrhage that the plan to which I have alluded is especially directed.

The accuracy of these statements will be easily established by a brief review of some operations of the kind which have been performed with and without having recourse to this plan.

In the first of these cases, a large scrotal tumor, weighing about fifty pounds, was removed by the late Mr. Liston, the veins being in an engorged condition. Upon the first incisions being made, the blood flooded out, to use the words of that celebrated operator, "as from a shower-bath;" the patient rolled in exhaustion and agony from the table, and the operation was completed upon the floor; the patient collapsed, and was with difficulty restored by the energetic exhibition of stimulants. In Mr. Aston Key's operation, performed upon the Chinese Hoo-Loo, the results were similar, but, from the feeble Asiatic temperament of the patient, more disastrous. The operation lasted an hour and three quarters, and the patient, who had shown some signs of syncope during its continuance, died immediately after its conclusion. It may be observed that in both these cases the genital organs were necessarily sacrificed in an effort to hurry the operation to a conclusion, in order to save the patient from impending death from hæmorrhage.

Results of this character, occurring in the hands of some of the first operators of the day, were sufficiently appalling; and it speedily became evident that, unless some means could be devised to diminish this excessive hæmorrhage, the removal of such tumors must, like the extirpation of bronchocele, be for the present abandoned. It was, therefore, with peculiar satisfaction that the profession learned, in the *Dublin Hospital Gazette* of February, 1845, that a method of operation had been devised by Dr. O'Ferrall, by means of which he had removed an enormous scrotal tumor (fully equal to those removed by Liston and Aston Key) without difficulty in eight minutes, and with the loss of only five ounces of blood; the genital organs being preserved, and the patient having made a good recovery, notwithstanding attacks of erysipelas and various other unfavorable circumstances. Such an announcement could not fail to be in the highest degree gratifying; and it became all the more so when it was found the importance of Dr. O'Ferrall's plan of operation was only equalled by its extreme simplicity. Observing the great change produced in turgid varicose veins of the leg by placing the patient upon his back and elevating the limb, and the immediate arrest of hæmorrhage from such veins which ensues upon the adoption of this position, it occurred to Dr. O'Ferrall that, if the enlarged scrotum were held up, a similar withdrawal of the vital fluid would take place, particularly as regards the enlarged and tortuous veins which were the principal sources of hæmorrhage. The result completely justified the accuracy of this expectation—the more so as the hæmorrhage in these cases had been always observed to be principally of a venous character; the arterial hæmorrhage, in Ashton Key's case, being estimated to be scarcely one-twentieth of the whole.

Since the publication of Dr. O'Ferrall's plan, a complete change has occurred in these operations, which have since been performed in rather considerable number, and with an ease and success more or less resembling that experienced in his case. I now recur to the plan, because in two instances of operation published during the present year (in one of which an Asiatic was the subject) it appears to me that the able and successful operators, although adopting the method, omitted, in their reports of the cases, to make due acknowledgment to the author; contrasting, in this respect, with Mr. South, who, in his splendid work on Surgery, gives due prominence to Dr. O'Ferrall's plan.

The application of this method is by no means limited to the removal of large scrotal tumors. On the contrary, it has been resorted to by Dr. O'Ferrall in cases of considerable innocent tumors of a vascular character; and in amputations he has obtained great advantages by loosely applying the tourniquet, elevating the limb, emptying it of venous blood by manipulation, and then tightening the tourniquet. The limb can thus be kept in a state of compara-

tive anæmia while the amputation is being accomplished; and a loss of blood can be prevented, which, by deteriorating the general quality of the vital fluid, might have laid the foundation of subsequent disease. In fact, the value of a position by which the entrance of arterial blood into a limb will be retarded, and the exit of venous blood facilitated, is almost as useful in the performance of an operation as in the treatment of inflammation.—*London Med. Times and Gazette.*

CONTINUED HISTORY OF A CASE OF "GOUGING."

By E. L. Holmes, M.D., of Chicago, one of the Surgeons of the Chicago Charitable Eye and Ear Infirmary.

In a former number of this Journal (December, 1859) may be found the history of a case of injury of the eyes which has scarcely a parallel in the annals of ophthalmic science. I have lately had an opportunity of examining the patient, and hope an account of his present condition will not be uninteresting to the readers of the Journal.

For the benefit of those who may have forgotten the previous history of the case, I may state that an Irishman, 37 years of age, was attacked by some one, who forced his thumbs with such violence into the patient's orbits as to rupture both globes. For six weeks the patient remained in the southern part of this State, totally blind, and received, as he stated, no other treatment than repeated doses of sulphate of magnesia, internally, and wet compresses locally. At the expiration of this time he was able to distinguish light, and gradually regained indistinct vision of large objects. Five months after the assault, the patient came under my care. With the right eye he could see light and the shadows of objects passed in front of the eye; with the left eye he could, with a little assistance from an attendant, conduct himself in any of the streets of Chicago. The cornea of each eye was perfectly normal in appearance. The upper and inner sixth of each iris was absent; it had apparently been torn away, as in an operation for iridectomy. The pupils were consequently elongated. Near the inner extremity of each pupil was a cicatrix, at the union of the sclerotica and cornea, in which were involved particles of pigment, probably from the iris. A rupture of the globes had, without doubt, occurred at this place, and through the opening had evidently been forced the lost portion of iris and crystalline lens of each eye, for in neither eye could a trace of the lens be found. Trembling of the iris, usually observed after the removal of the lens, was absent in both eyes, probably on account of tension of the radiating fibres of the iris, produced by their contraction during cicatrization.

The vitreous humor of each eye was shown by the ophthalmo-

scope to be so clouded with fine and black particles floating in its substance, that the vessels of the retina and the papilla of the optic nerve could [? not] be readily seen, especially in the right eye.

By the use of a simple supporting treatment the patient was so far improved in four months as to be able to walk without assistance and to read large signs across the street, although he could not, even with the aid of double convex lenses, distinguish minute objects. The vitreous humor of both eyes had become nearly transparent, although vision of the right eye had not improved.

A few weeks since, more than three years and a half after my former report, the patient again consulted me in reference to his vision. Five months previously the perception of light in the right eye began to fail, and in less than four months it was wholly extinct. The vision of the other eye has remained as before, with possibly a slight improvement. The only change noticeable by a simple inspection is a marked trembling of each iris, which, it will be remembered, was not present three years ago.

In the right eye neither papilla nor vessels can be discovered with the ophthalmoscope. Even the peculiar red disk, almost invariably observed through the pupil by the ophthalmoscope, cannot be seen.

By means of light concentrated by a powerful double convex lens obliquely upon the cornea, and thrown into the pupil, a dark-bluish mass can be seen lying behind the iris; this is undoubtedly the retina, which has been detached from the choroid.

The papilla of the other eye is of an oval form and of a greenish-blue color. It appears smaller than in a normal eye. The line of demarcation between the papilla and the retina is very distinct, except at its upper and outer portion, where a part of the optic nerve seems to be covered with lymph. Whether the oval form of the papilla is produced by an increase of convexity in the cornea in the direction corresponding to the long diameter of papilla, I am unable to say.

The vessels of the retina are finer than in a normal condition of the eye, and appear more like solid threads than like vessels. The absence of the lens, which has a large magnifying power, will account for the apparent decrease in the size of the papilla and vessels. The red appearance of the retina and choroid is somewhat darker than normal, and different portions of these membranes seem of a different shade of redness.—*Chicago Medical Journal.*

A Veteran Medical Jurist.—Casper, the renowned Professor of Legal Medicine at Berlin, a few weeks since celebrated a remarkable day in his long and laborious scientific career viz., the day on which he executed his thousandth medico-legal autopsy. He certainly was justified in placing on the title-page of his "Manual of Legal Medicine," the epigraph "*quod vidi scripsi.*"

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

July 27th.—*Correspondence between the Physical Signs and the Pulmonary Lesions in Phthisis.*—Dr. Jackson remarked that when, in case of phthisis, the physical signs show that one upper lobe is extensively diseased, it may be taken for granted that the one upon the other side must be more or less so; and he had often examined this last with a view to ascertain, by test, how far the signs corresponded with the amount of disease, in cases where a *post-mortem* examination would probably soon be had. The result of these examinations had been in many instances not at all favorable to the signs as a means of diagnosis; and he was led to make these remarks from having recently had such a case under his care at the Hospital. A young man entered in an advanced stage of disease, and the upper left lobe seemed to be quite disorganized. On examining the right lung, he could only detect a moderate amount of rather coarse mucous râle, over the greater part of the front; elsewhere, on that side, percussion and auscultation gave only normal results. Yet the upper lobe of that lung was found, after death, to be extensively diseased, being filled with a tubercular deposit and some small cavities. This case showed the importance of not trusting to the physical signs alone, in the diagnosis of phthisis. If there had been no disease in the left lung, that in the right might have been overlooked. He mentioned a case in which a skilful auscultator had pronounced a patient with all the rational signs of phthisis free from pulmonary disease, because he could detect no physical signs; and the patient died shortly afterwards of consumption.

Dr. C. E. Ware thought that no degree of resonance was to be relied on as a standard in percussion. It was only by comparison of the two sides that a judgment could be formed.

Dr. Shattuck alluded to the case of a hospital patient with the symptoms of dyspepsia, who had no physical signs of pulmonary disease, but whose lungs were found, after death, to be filled with miliary tubercles, without softening; also to that of a man supposed to have rheumatism, whose lungs were found, on *post-mortem* examination, to be tubercular, although the fact had not been discovered during life.

Dr. Bethune observed that there were no certain signs by which acute tuberculosis could always be detected. He suggested that the spirometer might be of service in these cases.

Aug. 10th.—*Pneumonia of upper Lobe of left Lung, with some peculiar Features.*—Dr. Abbot said that he was in attendance on a lady, aged 35, five weeks married to her second husband, who had been ill four weeks of that time. When called to her, she had been confined to the bed for two weeks with severe thoracic and abdominal symptoms. Percussion showed complete dulness throughout the left chest, front and back, absence of respiration in the lower left front, feeble but normal respiration in the lower left back, bronchophony and bronchial respiration in the upper half, before and behind. No râles could be heard anywhere, and there was no expectoration, nor had there been any from the first. There was considerable soreness about the middle and lower left front, which had been severe at the commencement of the attack.

Respiration of right lung normal, but exalted. The abdomen was very full, resonant on percussion, and quite tender universally, but much less so, the patient stated, than it had been. Dyspnœa was moderate; decubitus dorsal. The pulse was feeble, 120 Treatment, beef-tea, wine whey with discretion, pulv. Doveri gr. v. every second hour. The next day the patient was found much more comfortable, and had slept well. Dr. Abbot's attention was called to a greatly enlarged condition of the superficial veins of the neck. They were very much distended, apparently to their utmost, producing a very uncomfortable and painful sense of tension. This condition was most marked on the left side, but was very decided on the right. There was no headache, nor other cerebral symptom. Applications of cold water gave much relief. The treatment was continued for a week, the stimulant being suspended at times, and a simple expectorant given. Dover's powder secured good rest each night. At the end of this time resolution had commenced, as was indicated by softer and more normal respiration in the left front chest, down to the third rib, where bronchophony and bronchial respiration were heard as before, accompanied by a decided muco-crepitant râle, over the surface heretofore exclusively occupied by the bronchophony and bronchial respiration. Similar modification of voice and respiration was heard over a space of the width of three fingers, below the spine of the left scapula, but no râles. Respiration below as before. No expectoration. Resolution had continued, and the patient was steadily improving up to the time when the case was reported, the peritonitis having disappeared some days before. Profuse sweats, which came on in the course of treatment, yielded to oxide of zinc. The enlargement of the external jugular veins had nearly subsided. Some modification of voice at the base of the left chest in front was noticed, hardly amounting to ægophony.

Dr. Abbot wished to call particular attention to three features of this case, viz: the solidification of the upper lobe, with moderate pleuritic effusion at the base of the left lung, the entire absence of expectoration throughout the continuance of the disease, and the unusual distension of the veins of the neck, which was probably due to the obstructed circulation through the left lung.

Dr. Abbot said he was struck, in considering this case, with the extreme probability of the theory which explains bronchial respiration, by the conduction through the solidified lung of a sound produced by the passage of the inspired air *across the orifices of the bronchial tubes leading to it*, setting the air within them in vibration, as one might by blowing across the open end of a key. Of course no air could enter or pass out of a solidified lung, and the upper lobe in the present case was in just the position for a very striking exhibition of the sound in question, such as really existed.

[Since this case was reported, we are informed the case has gone on to recovery.—Secretary.]

Dr. C. E. Ware thought the absence of expectoration in pneumonia was not so rare as commonly supposed. He had seen several instances of it within a few years.

Dr. Jackson thought that the physical signs in Dr. Abbot's case, especially when taken in connection with the fact that the patient had peritonitis at the same time, and with the absence of expectoration, threw some doubt upon the existence of pneumonia. Inflammation is apt

to occur in different serous membranes at the same time, and the disease may have been pleurisy, instead of pneumonia. Pleurisy generally accompanies pneumonia, and Dr. J. had always thought that the resonance of the voice and the bronchial respiration were in many cases more due to the effusion than to the pneumonia itself. The intensity of the above signs in Dr. A.'s case, he thought, would point to the pleura rather than the lung. Many years ago he had published, in *The American Journal of the Medical Sciences*, two cases to show that this same intense resonance and bronchial respiration might exist in simple hydrothorax from disease of the heart.

Dr. WARE remarked that although pleurisy was generally present in pneumonia, the amount of effusion was usually small, and not enough to materially modify the respiratory sounds; whereas the bronchial respiration of pleurisy was connected with a condensation of the lung produced by the pressure of a large amount of fluid.

Dr. ABBOT said that in his case the bronchophony was confined to the upper part of the lung; in the lower part there was no bronchophony nor bronchial respiration, but vesicular respiration, though faint. The effusion, if any, could not have been large.

Dr. WARE had seen lately, in consultation, a case of pneumonia, which showed the uncertainty of the prognosis in that disease. The patient was a gentleman, 60 years of age, with well-marked pneumonia of both lungs, who had previously been subject to a cough, and was supposed to have chronic pulmonary disease. He was, however, strong, vigorous and active. A favorable opinion was given, based upon the limited extent of the disease and the slight constitutional disturbance for a double pneumonia. On the third day afterwards there was some increase in the symptoms, and the patient suddenly sank, and died in a few hours. Dr. W. had at the same time, in the Hospital, a case of double pneumonia, the lungs being extensively affected, but the patient recovered. He had also previously reported to the Society a case of pneumonia of very limited extent, but complicated with dilated bronchus, which terminated fatally. In this case, however, there was disease of the kidneys.

AUG. 10th.—*Five Difficult Labors followed by a Short and Natural One.*—Dr. ABBOT gave the obstetric history of one of his patients as follows. Her first labor was protracted and difficult, owing to the head becoming impacted at the brim of the pelvis. Death of the child resulting, craniotomy was practised, and the mother recovered, with some lingering neuralgic pain in the right leg.

In her second pregnancy, the patient was persuaded to allow premature labor to be induced at the seventh month. The child was born alive, and is still living: the mother did well.

In the third pregnancy, the process of induction of premature labor at the seventh month was repeated, but was fatal to the child.

In her fourth pregnancy, the practitioner who had attended her in all her confinements (homœopathic) was desirous of bringing on premature labor as before, but the patient being very averse to it, consulted Dr. Abbot, who made an examination of the pelvis. The antero-posterior diameter of the brim was somewhat under the normal dimensions, but not enough, in his judgment, to make the birth of a living child at full time impossible. The patient assured him that her mother and sister both had very difficult labors with the first child,

but their subsequent labors were natural. The patient being very desirous of going to the full term, determined to take her chance. She was attended by the same practitioner, who delivered by the feet, breaking one of the thigh-bones of the child in the process. The child recovered and did well.

In her fifth pregnancy, the patient went to the full term and was attended by Dr. Abbot. The labor was difficult, the head being arrested at the brim of the pelvis. The expulsive efforts of the uterus were of extraordinary power, and it becoming evident that the child could not be born without assistance, the forceps were applied with some difficulty, and after the most forcible traction for half an hour a living child was brought into the world. The forceps were applied obliquely, one blade being over the right side of the forehead and cheek, the other over the opposed side of the occiput. The force required to extract the child pressed the right blade of the forceps completely through the scalp for the extent of an inch just where the hair joins the forehead, running up towards the crown, and there was also paralysis of the left side of the face. The wound healed kindly, and the paralysis disappeared in about ten days. The child, a girl, weighed nine pounds and a half, and is now living and thriving.

August 10th, thirteen months and twelve days after the birth of the fifth child, Dr. Abbot was again called upon to attend the patient in confinement. On arriving at the house, he found her in strong labor, with violent expulsive pains, which she had had for two hours. On examination, the head was found at the external organs, and the child was born, living, in fifteen minutes after his arrival. The child, a girl, weighed nine pounds and three quarters, or a quarter of a pound more than the previous child. Thus, at the sixth delivery, the patient had for the first time a natural, uncomplicated and unassisted labor. In the last two labors the patient inhaled sulphuric ether with the best results. Dr. Abbot considered the bearing of this history as important, in cases in which a physician may be called on for a prognosis where a previous labor or labors had been difficult or dangerous.

Aug. 24th.—*Wound of the Neck; Ligature of the Common Carotid; Death; Autopsy.*—Dr. Hodges reported the following case.

A young man, aged 25, was stabbed, with a sharp, and apparently broad-bladed knife, in three places, by a person standing in front of him. One blow resulted in a division of the lower lip, through its whole thickness, from the free border to the chin. A second inflicted a cut, about an inch in length, just below the ear, along the anterior border of the sterno-mastoid muscle, dividing a portion of the parotid gland and penetrating half way through the thickness of the muscle. A third stab, in the middle of the side of the neck, about two inches long, passed through the belly of the sterno-mastoid muscle, downwards and backwards, till the knife was arrested in the spine, where it made a deep cut in the anterior surface of the body of the first dorsal vertebra.

The patient arrived at the Hospital at about 8½ o'clock in the evening, an hour, perhaps, after the receipt of the wound, the whole front of his shirt and trowsers being saturated with blood, his aspect blanched, and his pulse considerably diminished in force. Upon etherizing him and dilating the wound which was last described, the others being comparatively unimportant, a constant hæmorrhage, arterial and ve-

nous, was found to be taking place. It was with great difficulty controlled by compression, and in fact came from so deep a portion of the wound that the moment pressure was suspended, with a view to ascertain the locality of the bleeding point, the hæmorrhage, rapidly welling up, filled the wound, prevented its detection, and still more its seizure with the forceps. It was plainly to be seen that a great part of the blood came from the internal jugular vein, in which there were no less than three cuts. A ligature passed above and below these wounds in the vein did not much diminish the bleeding, and as the patient's condition was a failing one, it was decided to tie the common carotid, the general direction of the wound and amount of arterial blood leading to the supposition that the trunk of that vessel was wounded, a supposition, however, which the autopsy proved to have been incorrect. The artery was tied below the omo-hyoid muscle, an inch above the clavicle. Another ligature, *en masse*, about the vein, finally completed the measures found necessary to arrest the bleeding.

The patient rallied well, but on the second day complained of sore throat and dysphagia; there was some difficulty in breathing, and a very considerable swelling of the neck; this increased until he died, about seventy-eight hours after receiving his wounds. At the autopsy, a phlegmonous inflammation of the cellular tissue between the œsophagus and the vertebræ, with a very large deposit of lymph and much pus, starting from the wound in the first dorsal vertebra, extended upwards as far as the dissection could be carried, and superficially in the muscles and fasciæ of the neck. The internal jugular vein was obliterated and lost, for about an inch, in the suppurating and sloughy tissues around the ligature. The carotid artery was found to be uninjured. It is probable, therefore, that the arterial hæmorrhage came from the descending thyroid and sterno-mastoid branches of the external carotid, though the condition of the parts did not permit a verification of this at the dissection. A firm fibrinous clot plugged the artery below the ligature; the distal portion of the vessel contained several firm coagula, and its walls were thickened and contracted by plastic effusion. A very thorough autopsy was made by Dr. Ellis, but no points of special interest other than those mentioned were noticed.

Aug. 24th.—*Dropsy of the Antrum from Mal-position of a Tooth.*—Dr. Hodges exhibited a permanent incisor tooth, removed from the posterior wall of the cavity of the antrum. A little boy, 10 years old, presented himself among the out-patients of the Hospital, with a deformity of the left side of the face, which, on examination, proved to be due to "dropsy of the antrum." The anterior surface of the superior maxillary bone was absorbed and distended, presenting the parchment-like crackling and feel characteristic of this disease. The operation practised for its relief consisted in the removal of an elliptical-shaped piece from the wall of the cavity, just above the alveolar border of the bone, close to the reflection of the mucous membrane from the gum to the lip. A large quantity of viscous, transparent fluid was discharged. On inspecting the cavity of the antrum, the tooth shown was seen lying flatwise on its posterior wall, from whence, with some difficulty, owing to its offering so little surface to be seized, and its firm implantation, it was extracted. The boy made a rapid recovery, and his face resumed its natural contour. The specimen

was thought worth exhibiting, as this mal-position of a tooth is recognized as in rare instances causing an encysted condition of the antrum; two cases of the disease, one by A. Dubois and the other by Blasius, being recorded as having originated from teeth developed in a similar abnormal situation.

Aug. 24th.—*Excision of the Metacarpo-phalangeal Articulation of the Thumb.*—Dr. Hodges reported the case.

A pistol bursting in the hand of a boy on the morning of the 4th of July, lacerated his fingers in various directions. The fore-finger required amputation; a long, linear wound encircling the base of the thumb, laid open its metacarpo-phalangeal articulation, producing a compound dislocation and a transverse fracture of the metacarpal bone, close to the articulating surface. Believing that the chances of a useful thumb would be as great if the articulation was excised as it would be were simple reduction practised, and that the inflammation resulting from both the injury and the operation would certainly be less, complete excision was practised. The wound healed by first intention, and the patient rapidly recovered without any deep-seated palmar suppuration, such as might have been expected, with a thumb hardly differing from its fellow in appearance, and which, though somewhat impaired in mobility, could still be opposed to the fore-finger in the most satisfactory manner. In view of the bad results ordinarily attending compound dislocations of the fingers, this case, so far as it goes, seems to justify the assertion of many authorities that in similar instances excision is a safer course to pursue than simple reduction.

Army Medical Intelligence.

To the Surgeon-General.

{ Camp of 16th Mass. Vols., near Beverly Ford, Va., Aug. 22d, 1863.

Sir,—It has long been my intention to write you, making my periodical report of the condition of the veteran 16th, and the matters connected with the department of your humble servant; but in the times of inaction there is so little to communicate, and during the fierce periods of engagements, like our late one at Gettysburg, such a full occupation of time and overtaxing of strength, that my pen has been suffered to remain undisturbed. I have just joined my regiment in the front, having been absent since July 2d, laboring in the field hospital of the 2d Div., 3d Army Corps, where I was detailed as surgeon in charge. In the discharge of my duties I saw many things of interest to the surgeon, and had opportunities of watching the after results of operations seldom presented to those of us accustomed to follow the army. Perhaps my evidence on some points will be interesting to you, and not entirely useless, removed as you are from the battle-field, and therefore obliged to depend upon the testimony of your agents for an intimate knowledge of the usual practices followed and results obtained.

The system of detail of surgeons for the field hospital, as ordered by the Medical Director of the Army of the Potomac, to be made before a battle, has been in operation since the first battle of Fredericksburg, and with excellent results. At the risk of repeating what you

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are probably familiar with, I will briefly state, that three operating surgeons are detailed from the Division, whose duties are to perform all of the operations, and to consult together over the serious cases of injury; three surgeons or assistant surgeons without regard to rank, but competency merely, to assist each of these operating surgeons; one assistant surgeon to keep the records of the hospital and to superintend the burial of the dead; one to provide straw and shelter; and a surgeon in charge to superintend the workings of the whole machinery. A small portion of the surgical staff accompanies the regiments to the field. All medical officers not detailed repair to the field hospital to act as dressers. Previous to an engagement, the hospital is established at a comparatively safe distance from the field of battle, the hospital wagons repair to the spot, the amputating table contained in each brigade wagon is put in readiness, the beef-stock and other articles of nutrition are made available for the needs of the wounded, and each medical officer is at the post assigned him. Thus are avoided delays and the conflict of duties on the part of different surgeons, formerly so common, and is gained a personal responsibility that each individual now has of attending to his allotted duties.

A mistake made at Gettysburg, and one of usual occurrence, is that of locating the hospital too near the battle-field, making it necessary to remove to a greater distance during the engagement, causing thereby a temporary confusion and loss of time. The 3d Corps Hospital, at the battle of Gettysburg, was at first located under the brow of Round-top Mountain. Before we had got fairly to work, shells burst in our midst and Minié balls whizzed past, striking with terror the mutilated and helpless soldiers who were fast arriving, and whose first wish was a place of safety, besides disturbing the nervous equilibrium so necessary for the best services of the surgeons. The English rule, to have the hospital three miles from the battle-field, seems the correct one. To show the uselessness of keeping surgeons on the battle-field, I will mention an incident related to me by a surgeon, which occurred at Gettysburg. He was dressing on the field the wounded finger of a soldier, when a piece of shell struck the man's leg, rendering amputation necessary. The dangerous hæmorrhages after bayonet or gun-shot wounds, talked of in books, and rendering immediate assistance indispensable, are never seen in this war. I have talked with a very large number of surgeons, and their experience coincides with mine, that men do not get bayonet wounds (I know not on which side the retreat movement in view of the bristling steel commences), and that the immediate hæmorrhage from a Minié ball is not great.

The 2d of July was a black day for the 3d Corps. Thick and fast ambulances were conveying the wounded, and maimed men were finding their way with feeble steps to the hospital. The battle of the succeeding day, and the arrivals from farm- and out-houses continuing for many days, swelled the number to about fifteen hundred. During the whole of the nights of the 2d and 3d and the intervening day, the surgeons labored almost without cessation. The importance of guarding against delay in capital operations was fully felt. The dangers of a too conservative surgery had likewise been impressed upon us by results witnessed after other battles, and particularly that of Chancellorville. All compound fractures of the lower extremity were amputated at once, with the exception of one case of resection of about

three inches of the fibula, as well as a few cases of comminuted and compound comminuted fractures of the upper third of the thigh, most of which presented themselves from the neighboring farm-houses several days after the engagement. Under the circumstances, the preference in the last-mentioned cases was given to the slight chances of consolidation afforded by the apposition of the fragments, rather than to the sure prospect of death after a late amputation. Among the operations performed were resections of the superior and inferior maxillary bones, of the head of the humerus and of portions of the bones of the fore-arm. The cases of resection all left the hospital at an early day. They were doing well at the time of their departure, and all report, in letters to their comrades, favorable progress.

The following table will exhibit the result of the capital operations:

	No. of Operations.	No. of Deaths.	Percent. of Deaths.
Amputation of thigh	26	19	.73
" " leg	21	4	.19
" at shoulder-joint	2	1	.50
" of arm	9		.00
" " fore-arm	4		.00

A large proportion of the thigh amputations were secondary. There were sixteen cases of secondary hæmorrhage, eleven of which were fatal. In one instance the axillary was tied; in many, some of the branches of the larger arteries on the face of the stump. Pancoast's styptic was found useful in some of the minor cases of hæmorrhage, and was preferred to the persulphate of iron, inasmuch as it leaves the surface of the stump in a healthy condition, and is not open to a grave objection to the iron, namely, the thick incrustation produced by its application. The *rationale* of its operation I don't attempt to understand, but I will give the recipe as received by me from Dr. Brinton, Surgeon of Volunteers and Lecturer on Surgery in the Military College, Washington. ℞. Carbonate of potash, ʒj.; castile soap, ʒij.; alcohol, ʒiv. M.

In one case of hæmorrhage, occurring fourteen days after the removal of the arm at the shoulder joint, and which was probably from one of the acromial branches, this styptic, with pressure on the subclavian not long continued, was perfectly successful, although the patient had lost about six ounces of blood before the arrival of the surgeon. There was no recurrence of the hæmorrhage, and the patient is now quite strong.

When the rate of mortality is considered, it must be remembered that most of the men had been thoroughly exhausted by hard marching for three weeks under a hot sun, with an irregular supply of food, before being called into one of the severest battles on record. They had reached almost the last point of physical endurance, ere the suffering from their wounds, the shock of system and loss of blood were still further to tax their frames. In many cases, a feather's weight seemed sufficient to shift the balance of the scales. The loss of a few drops of blood by secondary hæmorrhage left several previously encouraging amputations in a rapidly and hopelessly sinking condition.

I will mention, in this connection, that coal oil was used with good results in the dressing of unhealthy granulating stumps, and for the destruction of larvæ which during the first few days after the battle

made their appearance on some of the men who had been lying in the mud, exposed to the continuous rains prevalent, and out of the reach of proper attention. Its effect on the granulations seems to be that of a stimulant.

There were four cases of tetanus, all of which died on the second day. The form was trismus, with slight opisthotonos in three cases. In all of these the men had been much exposed during three consecutive rainy days, commencing on the third day from the reception of their wounds. They lay near each other on a muddy spot of land, and were without shelter. The position of the wounds varied. In one case it was a gunshot wound through the metatarsus; in one, a flesh wound of the upper part of the calf of the leg; and, in two, wounds of the gluteal muscles. The treatment employed was that of chloroform and opiates.

The following is a statement of the members of Mass. regiments in the 2d Division 3d Corps, treated in the field hospital:—

1st	Massachusets,	Number	treated,	37	Deaths,	5
11th	"	"	"	36	"	4
16th	"	"	"	28	"	1

This by no means represents the whole number of the wounded in the abovementioned regiments, as very many, slightly injured, after having their wounds dressed, would leave before their names were taken by the Recorder.

On the fourth day from the first reception of the wounded from the 3d Corps, the army advanced, and our surgical staff was diminished to twelve in number, the remaining surgeons being ordered to accompany their regiments in expectation of another battle. As the patients were sent away to general hospitals, which was done as rapidly as the means of transportation and their own condition would allow, medical officers were returned to their regiments. Surgeons Prentice of the 1st Excelsior regiment, Whiston of the 1st Mass., and Douglass of the 11th Mass., rendered valuable services throughout the whole term of the existence of the hospital. The Sanitary Commission arrived in Gettysburg with immense loads of stores almost immediately after the battle, and made the purveying department, as there conducted, when compared with their enterprise and tremendous enginery, appear insignificant.

An account of this encampment would be incomplete did I omit to mention the services of Miss Helen Gilson, of Chelsea, well known in the hospitals of the 2d Division of the 3d Corps for the last year and a half, who early arrived in the hospital, and by her untiring energy, judicious attentions, cheerful conversation and singing to the men, rendered herself, as ever before when she has been among the wounded, invaluable. The sick and wounded of the 2d Division, and particularly of Mass. regiments, have reason to bless her.

In conclusion, I am happy to state that the health of the men in the old 16th is excellent. This morning's report gives the strength of regiment, 299; sick in hospital, 6; sick in quarters, 5; being not quite four per cent. of sickness. Dr. King, 1st Ass't Surgeon, attended competently and faithfully to their wants in my absence, as he continues to do, my seniority as surgeon in the brigade causing my duties to lie mainly outside of the regiment.

Your obedient servant, C. C. Jewett,
Surg. 16*th Mass.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 3, 1863.

REGISTRATION OF MASSACHUSETTS.—It is now just twenty years since the first attempt was made to collect statistics in this State in relation to the annual number of births, deaths and marriages. Their compilation at that time was fortunately entrusted to one of our profession who was entirely fitted for the task, both novel and difficult, and who, in spite of the embarrassments necessarily connected with the workings of a new and unpopular statute, succeeded in giving to the crude materials placed in his hands a law and method of arrangement, which have been observed with few variations up to the present time by his successors in these labors, and which have been greatly instrumental in finally bringing the registration reports of this State to an almost perfect condition. It is with much pleasure, therefore, that we would call the attention of our readers to the Report for 1861, just published by the Secretary of the Commonwealth, under the editorship of Dr. A. A. Gould, who, after a lapse of twenty years, has again undertaken its preparation. The comments upon the returns, which he has made under the head of "Summary Observations," and illustrated with numerous elaborate tables, which indicate an amount of labor only to be appreciated by those who have undertaken a similar task, will be found to possess great value in a professional point of view. The publication of the preliminary report of the last census of the United States has afforded the opportunity of comparing the State returns with those of all other sections of our land, and many curious facts illustrative of the effects of variety of climate and social condition upon disease have been elucidated. We drew attention a short time since, in our notice of the Report of the City Registrar, to the marked diminution in the number of births and marriages occasioned by the absence of so many of our young men in the service of our country. The same results are derived from the returns of the whole State, for during the year 1861 31,445 births took place, or 606 less than the previous year, while the number of marriages is less by 1432.

"Compared with the annual average of the five preceding years (1855–60), there is a *decrease* for 1861 of seven hundred and seven (707) births; and of seven hundred and ten (710) persons married—three hundred and fifty-five (355) marriages—and an *increase* of five hundred and seventy-eight (578) deaths.

"The *natural* increase of the population of the State, as indicated by the excess of births over the deaths, was twelve thousand nine hundred and eighty-three (12,983), which exceeds the increase of the preceding year by sixteen hundred and twenty-three (1,623.)

"There has been, according to the registration of 1861, in round numbers, a *daily average* of ninety-seven births; thirty marriages (sixty persons married); and sixty-six deaths—excess of births over deaths, thirty-one *daily*.

"The *rates* of births, marriages and deaths in Massachusetts, for the year 1861—that is, the registered number for every 100 persons living, were:—births, 2·858; persons married, 1·786; deaths, 1·961—excess of birth-rate over death-rate, ·897.

"There was one child born alive to every thirty-five persons living: one person married to every fifty-six persons living; and one death to every fifty-one persons, taking the census of 1860 as a basis.

"The marriages have been fewer in every county, excepting Hampden, than in 1860. The births have increased in the counties of Barnstable, Berkshire, Bristol, Dukes, Hampden and Plymouth, and have diminished in all the others. The deaths have increased in every county excepting Suffolk, where they stand 4,258 against 4,610 in 1860; a diminution of 232 males and 118 females. The average age of those who died was 27·87 in 1860, and 27·53 in 1861."

In connection with the preponderance of male births over female, some very interesting statements of Mr. Whitehead are given, from which it appears that in Central and Northern Europe the number of males born exceed the females as 106 to 100, that in France for fifty years there has been a range of 107·38 to 106.05 males against 100 females, in Austria for a period of three years of 106·45 to 100, in Russia for thirteen years of 109·55 to 100, and in England for ten years 104·09 male births to 100 female. The difference is less observable in large cities than in the country, but he concludes that neither health, occupation, poverty, climate or any other condition of the male parent exercises any influence upon this law. The great excess of males over the females among the stillborn is noticed, and the proportion observed corresponds almost exactly with the ratio in Europe, viz., 136 to 100. Dr. Gould suggests that there may be some foundation in fact to the popular notion that the size of the head is greater and its ossification more advanced in the male than in the female, and hence the perils of the female are greater.

"The common impression that a larger proportion of males is derived from illegitimate than from normal births, is shown to be erroneous. It may so occur occasionally, but in any extended series of years, the preponderance of the male birth-rate is constantly on the side of legitimacy. During fifteen years, in England, 104·26 males were born out of wedlock, and 104·70 to 100 females in wedlock. In France, 101·74 were born in wedlock to 102·61 out. In Paris, the mean result for sixty-six years, was only 96.58 illegitimate to 100 legitimate male births. To show how this rate varies in the different populations, he states the following results:—

"In 43 manufacturing towns,	105·07	legitimate,	102·72	illegitimate.
In 53 cathedral towns,	103·15	"	103.50	"
In 60 agricultural towns,	105.00	"	105.91	"
In London,	103·96	"	102.92	"
In all England,	104·70	"	103.40	"

* * * * * * * * * * *

"Some efforts have been made to estimate the losses by abortion, that is, the failures in child-bearing during the four early months. By calculations derived from 6,000 mothers, 17 failures to 100 births after that period were *ascertained*; the stage previous to the time at which ascertainment is possible being still more tender, the rate of loss would be proportionally larger; so that Mr. Whitehead concludes, that of the whole number of actual conceptions, not more than one half are born alive at the full period."

From the table exhibiting the parentage of the children born in the various counties, there appears to be a continued increase of foreign over native births throughout the State.

"In 1853, the excess of births of American parentage, over those of foreign parentage, was 2,793; whereas, in 1861 the excess of births of foreign, over those of American parentage, was 1,512, a difference of 4,305. In five counties the strictly foreign, where both parents were foreigners, exceed the American births, viz., Hampden, Middlesex, Norfolk, Suffolk and Worcester. The aggregates in these counties are, American, 8,415; Foreign, 11,600; mixed, 1,658; giving a preponderance of 3,185 births of foreign parentage."

The total number of deaths registered in the State during 1861 was

24,085, and of stillborn children 1,017. We cannot forbear, in this connection, placing upon our pages the following tables from the United States census, and the remarks that accompany them in the valuable report we are considering, in order that the important facts thus gathered may be distributed as widely as possible among members of our profession :—

Deaths in the United States for the Year ending June 1, 1860.

States and Territories.	Population.	Deaths, 1860.	Population to one Death.	Deaths pr ct. 1860.	Deaths pr ct. 1850.
Alabama	964,201	12,759	74	1.34	1.20
Arkansas	435,450	8,855	48	2.06	1.46
California	379,994	3,704	101	0·99	1.00
Connecticut	460,147	6,138	74	1.35	1.59
Delaware	112,216	1,246	89	1.13	1.34
Florida	140,425	1,764	78	1.28	1.08
Georgia	1,057,286	12,816	81	1.23	1.11
Illinois	1,711,951	19,299	87	1.14	1.38
Indiana	1,350,428	15,325	87	1.15	1.32
Iowa	674,948	7,259	92	1.09	1.08
Kansas	107,206	1,443	73	1.37	–
Kentucky	1,155,684	16,466	69	1.45	1.56
Louisiana	708,002	12,324	57	1.76	2.35
Maine	628,279	7,614	81	1.23	1.32
Maryland	687,049	7,370	92	1.09	1.68
Massachusetts	1,231,066	21,303	57	1.76	1.98
Michigan	749,113	7,390	100	1.00	1.16
Minnesota	173,855	1,108	153	0.65	0.50
Mississippi	791,305	12,213	64	1.57	1.46
Missouri	1,182,012	17,652	66	1.52	1.83
New Hampshire	326,073	4,469	72	1.39	1.35
New Jersey	672,035	7,525	88	1.14	1.34
New York	3,880,735	46,881	82	1.22	1.49
North Carolina	992,622	11,602	84	1.19	1.21
Ohio	2,339,502	24,724	93	1.07	1.48
Oregon	52,465	237	218	0.46	0.36
Pennsylvania	2,906,115	30,214	95	1.06	1.26
Rhode Island	174,620	2,479	69	1.44	1.55
South Carolina	703,708	9,745	71	1.41	1.22
Tennessee	1,109,801	15,153	72	1.39	1.20
Texas	604,215	9,377	63	1.58	1.48
Vermont	315,098	3,355	92	1.08	1.02
Virginia	1,596,318	22,472	70	1.43	1.36
Wisconsin	775,881	7,141	107	0.93	0.97
Colorado	34,277	–	–	–	–
Nebraska	28,841	381	75	1.34	–
Dakota	4,837	–	–	–	–
New Mexico	93,516	1,305	71	1.42	1.91
Nevada	6,857	–	–	–	–
Utah	40,273	374	106	0.94	2.13
Washington	4,594	50	228	0.44	–
District of Columbia	75,080	1,285	58	1.74	1.66
Totals,	31,443,322	392,821	79	1.27	1.41

"As the above figures are but for a single year, they cannot represent very accurately the result which would be derived from an average of a long series of years. Still there is evidently a wide range in the death-rate in different States and continental regions, represented at the one extreme by Arkansas, where one person dies in every 48 inhabitants, and at the other by Oregon and Washington Territory, which are put down respectively at one death in 237, and one in 228 inhabitants; and the average for the whole country at one death in 79, 1·27 per cent. of the whole population. The relative low death-rate in the newly-settled territories is partly accounted for by the fact that the inhabitants are mostly emigrants, in the prime of life, with a very small proportion of women, children and aged persons. Another cause of disparity is doubtless on account of the scattered and to some

extent friendless condition of the people, so that many die unknown, and more still uncared for, and their fate is never reported.

"Still there is a marked difference in the several regions where the disparity cannot be accounted for by any supposed deficiency in the returns. The essential agreement on this point in the two enumerations of 1850 and 1860, places the matter beyond a doubt. We give the following table, from the Census Abstract, as highly instructive and important, showing how much the death-rate is modified by the features of extensive natural regions of territory. The reputed salubrity and insalubrity of the interior continental regions (those not exposed to the influences of any sea), the North Western States on the one hand, and the hot, low, alluvial regions of the lower Mississippi Valley on the other, are shown to be based on ascertained facts. Every person, in selecting a place for permanent residence, may well be influenced by these considerations:—

NATURAL DIVISIONS.	Annual Deaths, 1860.	Per ct. of Population.	Per cent. in 1860.
I. Lowlands of the Atlantic Coast, from Delaware to Florida	15,292	1.34	1.45
II. The lower Mississippi Valley, from Cape Girardeau to the Gulf	30,154	1.81	2.38
III. The Alleghany Region, from Pennsylvania to Northern Alabama	26,346	1,08	0.96
IV. The Intermediate Region, to the lowlands of the Atlantic and Mississippi	79,615	1.32	1.19
V. The Pacific Coast	3,991	0.95	0.92
VI. The North-Eastern States	15.438	1.24	1.25
VII. The North-Western States	15,508	0.98	1.01
The whole United States	. .	1.27	1.41

"The same diversity is seen when we compare the smaller, but almost equally contrasted natural divisions of our own State. These divisions have been well designated in the Report for 1857 (p. 194). By the following table, being a continuation of that in the Report of 1857 (p. 44) for nine years, it will be seen that the elevated regions show the least number of deaths in a hundred persons; the middle upland regions next; then the north-eastern, the interior valley, and the southern seaboard regions, and finally the metropolitan. Indeed, this is but a reiteration of the well-known fact established in older countries, that the rural districts have the highest vitality, the larger commercial and manufacturing cities the next highest, and the crowded metropolis least.—(See Report for 1859, pp. 49–52."

There are several other interesting facts connected with the ages and sex of the persons deceased, which we would gladly refer to, did our space permit. In the division entitled causes of death, Dr. Gould has considered at length the prevalence of most of the more important diseases within the State, and the circumstances which affect their existence. The mortality from some of the most frequent of these was as follows:—Diphtheria, 643; dysentery, 532; typhus fever, 989; measles, 209; Scarlatina, 1,137; erysipelas, 194; croup, 461; cholera infantum, 1,266; teething, 321; consumption, 4,522; pneumonia, 1,285. The remarks upon the prevalence of consumption in different localities of the State and in the various sections of our immense country are of very great interest, but as we shall soon present to our readers the views of Dr. Gould in full upon this subject, we shall make no further mention of them here. Under the head of violent deaths in the United States, the following extract from the report will be found of particular interest at the present time.

"In looking over the deaths from violence in the United States Census, some curious facts present themselves, and may not improperly be noticed here. The whole num-

ber of deaths was 20,115, of which 14,155 were males, and 5,960 were females, or 2,392 males to 1,000 females.

"In regard to those deaths which may be fairly supposed to have resulted from carelessness, we find a singular preponderance against the southern section of the country. For instance, let us take *burns and scalds*. In the six States, Alabama, Louisiana, Mississippi, Georgia, S. Carolina and N. Carolina, with a population of 5,217,124, there were 1,300 deaths from this cause—one in every 4,013 of the population. In the six large States, Massachusetts, New York, Pennsylvania, Ohio, Illinois and Indiana, with a population of 13,419,806, there were only 1,248 deaths—one in 10,753 of the population. Take again *suffocation*. If we compare the fifteen slave States, having a population of about twelve and a half millions, with the twenty free States and five Territories, with a population of nearly twenty millions, we have dead from suffocation in the former 1,934, and only 130 in the latter. We can conceive of no way of accounting for this wide difference except by the varied circumstances in the state of domestic life in the slave and free population. Of *homicides*, it will be seen there were 240 in the slave and 166 in the free States. Of *murders*, 275 in the former against 141 in the latter States. Prepared as we might possibly be for the above figures, we shall probably be in no small degree surprised to find the balance so heavy against these same sunny climes, when compared with the northernmost States, by deaths from freezing. In South Carolina were 2; Georgia, 7; Alabama, 2; Mississippi, 10; Louisiana, 3; Arkansas, 4; Texas, 10—total, 38. In Maine, there were 3; Vermont, 1; New Hampshire, 1; Massachusetts, 1; Connecticut, 0; Iowa, 6; Minnesota, 2—total, 14. This must have been owing to the very inadequate provision made against the winter's cold in some of the interior mountainous districts of the Southern States."

In contrast with this condition of the poor population at the South, we quote in this connection what is said with regard to similar deaths within our own State limits.

"Under the heads privation, frozen and exposure, eighteen cases are stated. Nothing could afford more striking proof of the general comfort of the people than this statement. At a time our revolted people, in company with foreign nations, are looking for destitution and ruin at the North, and while thousands of families have been deprived of their natural guardians and coadjutors, only this small number, out of a million and a quarter of people, have succumbed to any kind of want or exposure."

The tables which make up the remainder of the volume are of the usual character, and have been prepared with great fidelity and industry. We trust that the report may be widely distributed.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, AUGUST 29th, 1863.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	68	66	134
Ave. mortality of corresponding weeks for ten years, 1853—1863,	55.0	53.5	108.5
Average corrected to increased population - - - - -	00	00	119.84
Death of persons above 90 - - - - - - - - -	0	0	0

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Chol. Infan.
21	3	2	2	0	6	1	35

DIED,—At Dummerston, Vt., Sewall Walker, M.D., 67.

DEATHS IN BOSTON for the week ending Saturday noon, Aug. 29th, 134. Males, 68—Females, 66.—Accident, 3—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 2—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 3—cholera infantum, 35—cholera morbus, 3—consumption, 21—convulsions, 1—croup, 3—debility, 1—diarrhœa, 9—dropsy, 3—dropsy of the brain, 4—drowned, 2—dysentery, 6—scarlet fever, 2—typhoid fever, 1—typhus fever, 1—disease of the heart, 2—homicide, 1—infantile disease, 1—inflammation of the lungs, 2—marasmus, 2—old age, 1—paralysis, 2—pleurisy, 1—premature birth, 4—sore throat, 1—ulceration of the stomach, 1—suicide, 1—syphilis, 1—teething, 1—unknown, 7—whooping cough, 2.

Under 5 years of age, 76—between 5 and 20 years, 10—between 20 and 40 years, 24—between 40 and 60 years, 14—above 60 years, 10. Born in the United States, 104—Ireland, 24—other places, 6.